

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

SCHOOL OF MEDICINE
Department of Microbiology
and Immunology

SAN FRANCISCO, CALIFORNIA 94143

August 12, 1985

Joyce Wallace, M.D.
225 W. 12th Street
New York, NY 10011

Dear Dr. Wallace:

I am chairing a subcommittee of the Retrovirus Study Group of the International Committee on Taxonomy of Viruses that is attempting to find an appropriate name for the retrovirus believed to be the cause of AIDS.

One of the issues that has divided our group concerns the degree to which a name that includes "AIDS" - or even "lymphadenopathy" - will complicate communication with patients and the public at large about the significance of infection with this agent. On the one hand, retroviruses have most often been named for the pathological conditions with which they are prominently associated; "human T-cell leukemia virus" is a familiar example. On the other hand, the term "AIDS" is a particularly frightening one in current society.

Since we have not arrived at a consensus on a name that avoids disease names, I am writing to solicit the opinions of several informed clinicians who care for AIDS patients or are likely to care for individuals with evidence of infection with the AIDS retrovirus. Is the term "AIDS" to be avoided at all costs? Is it significantly different to tell a patient "You have been infected with the human AIDS virus, but the vast majority of infected people have not developed the disease" as opposed to "You have been infected with the XYZ virus, which is thought to be the cause of AIDS even though most infected people have not developed the disease?" In other words, with the publicity given to AIDS, are euphemisms effective or will the "XYZ virus" shortly be synonymous with "AIDS virus"? Alternatively, would a name be more acceptable if it included the term AIDS but was used as an eponym (such as HARV, HALV or HAV)?

Obviously there are other issues - both scientific and political - that affect the outcome of our deliberations but the clinical problem is a thorny one for us; I would be grateful if you could provide us with your views within the next week or so, to help bring our work to a speedy conclusion.

Sincerely,

Harold E. Varmus, M.D.
American Cancer Society
Professor of Molecular Virology

HEV/jm